

POOR LEGIBILITY

**ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ
DUE TO THE QUALITY OF THE ORIGINAL**

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

SFUND RECORDS CTR
2342557

810604 (A5 000 001 344)

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Gould Inc., Metals Division
Street P. O. Box 43484
City St. Paul State MN Zip Code 55165

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Gould Inc., Metals Division Los Angeles Smelter
Street 2700 Indiana Street
City Los Angeles County Los Angeles State CA Zip Code 90023

CAD097854541

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Ross, David Staff Engineer
Phone 612 - 681-5199

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1945 To (Year) 1968 (Could purchased plant 1979)

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

(lead) D008		

0 8 JUN 1981

00018

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet 192,000 C

gallons _____

Total Facility Area

square feet 6,400 S

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name M. E. Elmore, President & General Manager

Street P. O. Box 43484

City St. Paul State MN Zip Code 55164

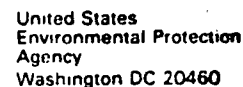
Signature

M. E. Elmore

Date

6/3/81

- ☒ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other



Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609 CAS000 001 240

City Hightstown State NJ Zip Code 08520

City Los Angeles County L.A. State CA Zip Code 90023

Phone 609/443-2411 or 2410

From (Year) 1930 To (Year) 1978

[illegible]

000001 2 JUN 1981

Form Approved
GSA No. 2000-0138

Secondary ~~Sec.~~ lead
Smelter

Notification of Hazardous Waste Site	Side Two	
F Waste Quantity Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	Facility Type 1. <input type="checkbox"/> Piles 2. <input type="checkbox"/> Land Treatment 3. <input checked="" type="checkbox"/> Landfill 4. <input type="checkbox"/> Tanks 5. <input type="checkbox"/> Impoundment 6. <input type="checkbox"/> Underground Injection 7. <input type="checkbox"/> Drums, Above Ground 8. <input type="checkbox"/> Drums, Below Ground 9. <input checked="" type="checkbox"/> Other (Specify) _____	Total Facility Waste Amount cubic feet <u>Unknown</u> gallons _____ Total Facility Area square feet <u>Unknown</u> acres _____

G Known, Suspected or Likely Releases to the Environment:
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Slags from secondary lead smelting disposed of on-site. Slags and battery casings also disposed of at nearby dump. Spent batteries stored on-site.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name F. R. Baser

Street P.O. Box 1090

City Hightstown State NJ Zip Code 08520

Signature F. R. Baser Date 6/8/81

- ☐ Owner, Present
☒ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other

FIRE DEPARTMENT

Fire Prevention
Health
Fire

**BOARD OF FIRE
COMMISSIONERS**

L.C. MALBURG, CHAIRMAN
T.A. YBARRA
W.M. MCCORMICK

GEORGE F. BASS, FIRE CHIEF



**FIRE HEADQUARTERS
AND
ADMINISTRATIVE OFFICE:**

CITY HALL
4305 SANTA FE AVENUE
VERNON, CALIFORNIA 90058
PHONE 583-8811

583-4821 (24 HR.)

INCIDENT No. # 935

LEVEL: I

"SERVICE TO INDUSTRY" HAZARDOUS MATERIALS INCIDENT

Thursday 10-13-83 1145
DAY DATE TIME

ADDRESS: 2700 Indiana COMPANY: Gould Metals

LOCATION: Product Storage Area

PRIVATE PROPERTY	<u>X</u>	L. A. RIVER	
CITY STREET	<u> </u>	STORM DRAINS	<u> </u>
RAILROAD RIGHT OF WAY	<u> </u>	SEWER SYSTEM	<u> </u>

TYPE:

FIRE	<u>X</u>	LEAK	
EXPLOSION	<u> </u>	ODOR	<u>X</u>
SPILL	<u> </u>	VAPOR CLOUD	<u> </u>

INJURIES:

MINOR	<u> </u>	HOSPITALIZED	
SERIOUS	<u> </u>	FATALITIES	<u> </u>
CRITICAL	<u> </u>		

MATERIALS INVOLVED: Aluminum Alloy (Aluminum and Calcium)

REMARKS: Employee dropped small chunk of material which ignited
and filled building with smoke.

OFFICER IN CHARGE: Battalion Chief Spadt

PHOTOS TAKEN: YES NO X BY WHOM:

CONSERVE ENERGY — PREVENT FIRES

Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal's office, is neither intended nor implied.

STATE OF CALIFORNIA
OFFICE OF THE STATE FIRE MARSHAL

FIRE INCIDENT REPORT
City of Vernon

INCIDENT NO.
9 8 5

FIRE DEPARTMENT

DEL ☐ CORR ☐

(DEPARTMENTAL USE)

OCCUPANT NAME Gould Metals		RELATIONSHIP		ALARM SOURCE	TEL. BOX	PFAS	RADIO
ADDRESS 2700 Indiana		ROOM / APT. NO.	CITY Vernon	ZIP 90023	TELEPHONE NO. (CALL BACK)		
OWNER NAME	ADDRESS		CITY	ZIP	CENSUS/PARCEL NO.		
MANAGER NAME Doug Weber	ADDRESS		CITY	ZIP	TELEPHONE NO.		

A. INFORMATION (PAGE 17)

FIRE DEPT. ID 1 9 2 0 5	INCIDENT NO. 9 8 5	EXPOSURE NO.	TIME 1 1 4 5	MONTH 1 0	DAY 1 3	YEAR 8 3	COUNTY OF FIRE CODE	DIST. CITY 4	OUT OF JURISDICTION CHECK IF YES
----------------------------	-----------------------	--------------	-----------------	--------------	------------	-------------	------------------------	-----------------	-------------------------------------

B. PROPERTY CLASSIFICATION (PAGE 19)

CODE 1 1	TYPE OF INCIDENT Bldg fire	CONSTR. DATE PRE 72 POST 71
CODE	PROPERTY CLASSIFICATION (COMPLEX)	
CODE	PROPERTY CLASSIFICATION (INDIVIDUAL)	
7 7	6 Battery Mfg.	

C. PROPERTY TYPE (PAGE 41)

PROPERTY MANAGEMENT PVT <input checked="" type="checkbox"/> FED <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> DISTRICT <input type="checkbox"/> FOREIGN <input type="checkbox"/> OTHER <input type="checkbox"/>		
CODE 1	STRUCTURE, BUILDING OR VEHICLE - PROPERTY TYPE	BUILDING NO. STORIES
STRUCTURE, BUILDING OR VEHICLE - CONSTRUCTION TYPE		
EXT. WALL N/C	INT. WALL N/C	FLOOR - ROOF N/C
COMB	COMB	COMB
1	2	3
4	5	6
7	8	

D. EXTENT OF DAMAGE (PAGE 45)

CODE 2	EXTENT OF DAMAGE - FIRE confined
CODE 2	EXTENT OF DAMAGE - SMOKE confined
CODE	EXTENT OF DAMAGE - WATER
ESTIMATED LOSS - PROPERTY	
ESTIMATED LOSS - CONTENTS 5 00	

E. LOCATION & CAUSE (PAGE 49)

CODE 1 0 1	LEVEL OF ORIGIN
CODE 9 8	SOURCE OF HEAT CAUSING IGNITION no equipt.
CODE 7 2	FORM OF HEAT CAUSING IGNITION chemical reaction
CODE 4 1	ACT OR OMISSION CAUSING IGNITION released accidentally

F. AREA, MATERIALS & SMOKE SPREAD (PAGE 63)

CODE 4 1	AREA OF ORIGIN storage area
CODE 4 0 1	TYPE OF MATERIAL FIRST IGNITED solid
CODE 8 4	FORM OF MATERIAL FIRST IGNITED chips
CODE	MAIN AVENUES SMOKE SPREAD

G. SPREAD OF FIRE (PAGE 77)

CODE	MAIN AVENUES FIRE SPREAD
CODE	TYPE MATERIAL CAUSING SPREAD
CODE smo	FORM MATERIAL CAUSING SPREAD
CODE	ACT OR OMISSION CAUSING SPREAD

H. PROTECTION FACILITIES (PAGE 91)

CODE	SPRINKLERS - TYPE
CODE	SPRINKLERS - EFFECTIVENESS
CODE	STANDPIPES - TYPE
CODE	STANDPIPES - EFFECTIVENESS
CODE	PORTABLE EXTINGUISHERS - TYPE
CODE	PORTABLE EXTINGUISHERS - EFFECTIVENESS

I. PROTECTION FACILITIES (PAGE 97)

CODE	PRIVATE BRIGADE - TYPE
CODE	PRIVATE BRIGADE - EFFECTIVENESS
CODE	SPECIAL HAZARD PROTECTION - TYPE
CODE	SPECIAL HAZARD PROTECTION - EFFECTIVENESS
CODE	SIGNAL OR WARNING SYSTEM
CODE	SIGNAL WARNING SYSTEM - MEANS OF ACTIVATION
CODE	SIGNAL WARNING SYSTEM - TYPE DETECTORS
CODE	WATCHMAN EFFECTIVENESS
CODE	OTHER FACILITIES EFFECTIVENESS

J. MISCELLANEOUS (PAGE 109)

FIREFIGHTER		CIVILIANS	
NO. INJURED	NO. OF DEATHS	NO. INJURED	NO. OF DEATHS
SFM FORM 60-1 SUBMITTED FOR EACH DEATH			
(CHECK BOX IF YES) <input type="checkbox"/>			

~~9-8-70~~ - leak from ammonia receiver
in

~~9-8-70~~ - lead Fire
in molten

ERNON FIRE DEPARTMENT

Incident Report
Remarks Sheet

Incident No: 985

Page 1 of 1

Found 1/2 cubic yard of 75% calcium, 25 % aluminum alloy on fire in storage area. Material had been dropped by Co. Employee which caused ignition.

We donned breathing apparatus and covered with soda ash.

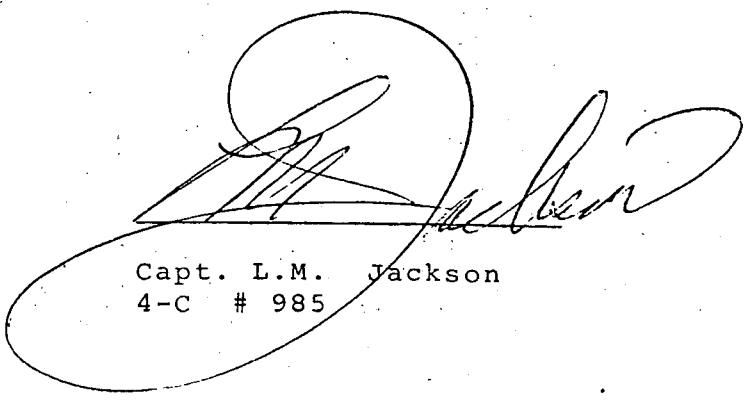
Company employee's had applied sand prior to our arrival.

Left Mr. Doug Weber Plant Engineer incharge.

Suggested to Mr. Weber that his Company purchase self contained breathing apparatus. He stated,"he will order today!"

Chief's Bass and Schultz on scene.

Exposure report filed.



Capt. L.M. Jackson
4-C # 985

2/8/83 CHX of Vernon Fire Dept
— Chief Bass

~~X₁₅~~ Regular inspections - twice a year

~~IN~~ - 10/13/83 - Fire last insp. - 2-5-83
12-5-83

- 7-4-83 Demolition of Zinc
alloy Build + old
smelter build

~~IN~~ 3-13-82 - Exp caused by hot from fuel
fired furnace
3-31-82

~~IN~~ 12-9-82 - Proposed unloading dock for
battery cases/handling of
hazardous material (acid) a
corrosive liquid and plastic battery
cases.

~~IN~~ 12-1-82 - Outside storage Cause: Hot material
Fire
9-6-72 - Fire - bundles of chilled hot
dolt bags.

March 22, 1982

Mr. Douglas Weber
Environmental Coordinator
Gould Inc., Metals Division
2700 South Indiana Street
Los Angeles, CA 90023



Dear Mr. Weber:

On February 2, 1982, you requested that the California State Department of Health Services (DOHS) rescind Interim Status Document (ISD) No. CAD097854541, issued for your company's Los Angeles facility. You made the following statements (paraphrased here) in support of your request:

- The only hazardous waste that your company produces is secondary lead smelter baghouse dust.
- Your company is installing a new smelter which will recycle the baghouse dust such that the hazardous waste will no longer be stored at your facility for more than 60 days.
- You will notify us in writing when the new smelter begins operation.

Please be advised that the DOHS has reviewed your request and has made the following determinations:

- We will rescind your ISD effective on the date of receipt of written notification that the new smelter has begun operation.
- Although we have rescinded your ISD, your company will still be a producer of hazardous wastes and as such has the responsibility of handling those wastes properly (e.g., use of the manifest, use of a registered hazardous waste hauler, etc.).

If you have questions concerning this letter, please write or call.

Sincerely,

William F. Jopling
William F. Jopling, Acting Chief
Permits, Surveillance and
Enforcement Section
Hazardous Waste Management Branch

Pls prepare response.

*Evaluate GNB's
argument; confer w/
R McCrohan & if
necessary with Prob
McCormick - Sec'd.*

Thamp

6/3

P-2



DOHS

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Environmental Protection Agency
Region IX
215 Fremont St.
San Francisco, CA. 94108

FEB 18 1982

Mr. Douglas Weber
Environmental Coordinator
Gould Inc., Metals Division
2700 Indiana Street
Los Angeles, CA 90023

RE: Los Angeles Facility (EPA ID# CA097854341)

Dear Mr. Weber:

We have reviewed your request for withdrawal of your permit application for the facility referenced above, submitted pursuant to Section 3005 of the Resource Conservation and Recovery Act. In accordance with your request, we are returning the documents which you submitted.

Should it be necessary for you to re-apply for a hazardous waste facility permit, you should contact us for the procedures to be followed.

Sincerely,

William D. Wilson
William D. Wilson
Toxics & Waste Management Division

Enclosure

Weber PAUL Stored 25 1305 2-8-82
Rev.jd 2/9

CONCURRENCES							
SYMBOL	T-2-2						
SURNAME	<i>Wilson</i>						
DATE	2/11/82						

2/8/83 CHX of Vernon Fire Dept
- Chief Bass.

~~XS~~ Regular inspections - twice a year

IN - 10/13/83 - Five last insp. - 2-5-83
12-5-83

- 7-4-83 Demolition of Zinc
alloy Build & old
smelter build

~~IN~~ 3-13-82 - Exp caused by hot from fuel
3-3-82 fired furnace

~~IN~~ 12-9-82 - Proposed unloading dock for
battery cases/handling of
hazardous material (acid) a
corrosive liquid and plastic battery
cases

~~IN~~ 12-1-82 - Outside ^{fire} tank cause hot material

~~IX~~ 9-6-72 - Fire - bundles of shell & hot
dolt bags

~~9-2-70~~ - lead from ammonia receiver
in

~~9-4-70~~ - lead ^{Fire} - ^{molten}
in

HAZARDOUS WASTE DISPOSAL REPORT

DUE ON OR BEFORE **MARCH 1, 1983** FOR CALENDAR YEAR **1982**

HA

HA HQ 36-005977

Mail to:

STATE BOARD OF EQUALIZATION
POST OFFICE BOX 647
SACRAMENTO, CA 95803

GOULD INC., METALS DIVISION
2700 SOUTH INDIANA ST.
LOS ANGELES, CA 90023

This report must be filed on or before the due date shown above by every person who submitted for disposal off-site, or who disposed of on-site, hazardous waste or extremely hazardous waste in California during the above calendar year. ANY PERSON WHO KNOWINGLY REFUSES TO FILE THIS REPORT AS REQUIRED SHALL BE LIABLE, UPON CONVICTION, FOR A CIVIL PENALTY PURSUANT TO SECTION 43602 OF THE HAZARDOUS SUBSTANCES TAX LAW.

"HAZARDOUS WASTE" means a waste, or combination of wastes, which because of its quantity, concentration, or physical chemical, or infectious characteristics may either:

- Cause, or significantly contribute to an increase in mortality or an increase in serious irreversible, or incapacitating reversible, illness.
- Pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of, or otherwise managed.

"EXTREMELY HAZARDOUS WASTE" means any hazardous waste or mixture of hazardous wastes which, if human exposure should occur, may likely result in death, disabling personal injury or serious illness caused by the hazardous waste or mixture of hazardous wastes because of its quantity, concentration, or chemical characteristics.

HAZARDOUS WASTE CATEGORIES	TOTAL TONNAGE (To One Decimal)
A. The total tonnage of HAZARDOUS or EXTREMELY HAZARDOUS waste, the Federal Regulation of which has been suspended under the Solid Waste Disposal Act by Act of Congress, disposed of, or submitted for disposal, in California, plus the total tonnage of waste material transferred to a surface impoundment in California for the purpose of reducing the water content of such waste and material by evaporation, exclusive of the waste reported in Section D.	0.0
B. The total tonnage of HAZARDOUS waste disposed of, or submitted for disposal, in California exclusive of the waste reported in Sections A, C and D.	1,474.4
C. The total tonnage of EXTREMELY HAZARDOUS waste disposed of, or submitted for disposal, in California exclusive of the waste reported in Sections A, B and D.	0.0
D. The total tonnage of HAZARDOUS or EXTREMELY HAZARDOUS waste disposed of, or submitted for disposal, in California from the extraction, beneficiation and processing of ores or minerals including phosphate rock and overburden from mining of uranium ore.	0.0

I hereby certify that this report, including any accompanying schedule and statement, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

SIGNATURE
AND TITLE

John S. Papp, Western Region Director (213) 242-1101 2/15/83

PHONE NUMBER

DATE

If you have any questions regarding this report, please contact the
State Board of Equalization, Excise Tax Unit, Phone (916) 445-2579.

FORM 1
GENERAL
EPA
ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F C A D 0 9 7 8 5 4 5 4

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

19 NOV 1980

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GOULD INC METALS DIV LOS ANGELES SMELTER

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 FREEMAN, PHIL PLANT MANAGER 213 262 1101

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2700 SOUTH INDIANA ST

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 LOS ANGELES

CA

90023

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2700 SOUTH INDIANA ST

B. COUNTY NAME

LOS ANGELES

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 LOS ANGELES

CA

90023

213

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

(specify)
7 3, 3, 4, 1 Secondary Lead Smelter

C. THIRD

D. FOURTH

(specify)
7

(specify)
7

VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in item VIII-A also the owner?

8 GOULD INC METALS DIVISION

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL
S = STATE
P = PRIVATE

M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)
55

6 1 2 6 8 1 5 1 9 9
13 16 18 19 21 22 25

E. STREET OR P.O. BOX

P O BOX 43484

F. CITY OR TOWN

G. STATE H. ZIP CODE

IX. INDIAN LAND

B S T P A U L

M N 5, 5, 1, 6, 4

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

9 N

9 P

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

9 U

9

(specify)

See Attachment

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

9 R

9

(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Secondary lead smelting and manufacturing of lead oxide.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

Dan W. Verser
President and General Manager

Dan W. Verser

11-18-80

COMMENTS FOR OFFICIAL USE ONLY

C

This smelter has the following SCAQMD Operating Permits:

W P37486	P05985
W P66576	A11830
W P08737	P08198
W P06630	P05774
W P06629	P05773
W P66578	P6206
W P50814	P6207
W P06626	P06200
W P08529	P06203
W P03511	P06202
<u>P03512</u>	P06208
P03510	P06201
P29680	P06205
P29681	P06204
A10677	P13968
P08643	A24383
P08642	P14519
P56187	P14520
A05199	P54687
P46687	A15275
A06642	A15274
	A20255

FORM 3 RCRA	 HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F C A D 0 9 7 8 5 4 5 4 1 </div>
FOR OFFICIAL USE ONLY APPLICATION APPROVED: DATE RECEIVED (yr., mo., & day): 		COMMENTS
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 23 24 25 26 27 28 29 30 31 </div> </div>		

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)
☐ **1. FACILITY HAS INTERIM STATUS**
☐ **2. FACILITY HAS A RCRA PERMIT**
III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> C T/A C I </div>									
<div style="display: flex; justify-content: space-between;"> 1 2 3 4 5 6 7 8 9 10 </div>									
<div style="display: flex; justify-content: space-between;"> 16 17 18 19 20 21 22 23 24 25 </div>									
<div style="display: flex; justify-content: space-between;"> 26 27 28 29 30 31 32 33 34 35 </div>									
<div style="display: flex; justify-content: space-between;"> 36 37 38 39 40 41 42 43 44 45 </div>									
<div style="display: flex; justify-content: space-between;"> 46 47 48 49 50 51 52 53 54 55 </div>									
<div style="display: flex; justify-content: space-between;"> 56 57 58 59 60 61 62 63 64 65 </div>									
<div style="display: flex; justify-content: space-between;"> 66 67 68 69 70 71 72 73 74 75 </div>									
<div style="display: flex; justify-content: space-between;"> 76 77 78 79 80 81 82 83 84 85 </div>									
<div style="display: flex; justify-content: space-between;"> 86 87 88 89 90 91 92 93 94 95 </div>									
<div style="display: flex; justify-content: space-between;"> 96 97 98 99 100 </div>									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODE. OR FOR DESCRIBING OTHER PROCESSES (code 04). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
WCA72972545-1															DUP									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
	22	23	24	25			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	0	2	5300	T	T	0	1									
2	K	0	6	9	7300	T	S	0	3									
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON

V. FACILITY DRAWING

VI. PHOTOGRAPHS

VII. FACILITY GEOGRAPHIC LOCATION

LONGITUDE (degrees, minutes, & seconds)

65	65		67	68		69	-	71	

72	=	76	76	76	77	=	73

VIII. FACILITY OWNER

- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)3. STREET OR P.O. BOX4. CITY OR TOWN5. ST.6. ZIP CODE

IX. OWNER CERTIFICATION

A. NAME (print or type)

Dan W. Verser
President and General Manager

B. SIGNATURE

8. SIGNATURE
 [Signature]

C. DATE SIGNED

11-18/80

X. OPERATOR CERTIFICATION

A. NAME (print or type)

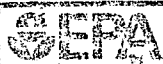
PHILIP FREEMAN

B. SIGNATURE

Philip H. Fellman

C. DATE SIGNED _____

11/13/80



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F C C D 0 9 7 8 5 4 5 4 1

M

8 0 0 8 2 1

25 AUG 1980

00087

I. NAME OF INSTALLATION

GOULD INC METALS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2 7 0 0 SOUTH INDIANA STREET

CITY OR TOWN

ST.

ZIP CODE

4 LOS ANGELES

CA 9 0 0 2 3

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME 2700 SOUTH INDIANA STREET

CITY OR TOWN

ST.

ZIP CODE

6 LOS ANGELES

CA 9 0 0 2 3

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 FREEMAN PHIL PLANT MANAGER

2 1 3 - 2 6 2 - 1 1 0 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 GOULD INC METALS DIVISION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WCAD09785454121

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	23	23	23	23	23
26	26	26	26	26	26
7	8	9	10	11	12
23	23	23	23	23	23
26	26	26	26	26	26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 9					
23	23	23	23	23	23
26	26	26	26	26	26
19	20	21	22	23	24
23	23	23	23	23	23
26	26	26	26	26	26
25	26	27	28	29	30
23	23	23	23	23	23
26	26	26	26	26	26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	23	23	23	23	23
26	26	26	26	26	26
37	38	39	40	41	42
23	23	23	23	23	23
26	26	26	26	26	26
43	44	45	46	47	48
23	23	23	23	23	23
26	26	26	26	26	26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Philip M. Freeman

NAME & OFFICIAL TITLE (type or print)

Plant Manager

DATE SIGNED

8/15/80

HAZARDOUS WASTE

SURVEILLANCE AND ENFORCEMENT REPORT

Date: JUNE 2, 1980Firm Name: GOULD METALS DIV. Site Class: ☐ 1 ☐ 11-1 ☐ 11-2 ☐ 111Address: 2700 So. INDIANA STREET Site Permit No. _____
VERNON LOS ANGELES, CA. 90023 ☒ Producer ☐ HaulerTelephone: 213-262-1101 ☐ Other _____Activity: SECONDARY SMELTING OF LEAD FROM OLD BOTTLES;
REFINING OF LEAD INTO BARS, LEAD OXIDE.

Comments: RECENT CLEAN-OUT OF BATHHOUSES HAS YIELDED AN
ACCUMULATION OF FLUE GAS DUST CONTAINING ARSENIC OXIDE.
ALL THE MATERIAL WAS BROUGHT TO THE NORTH YARD. SOME
IS IN PARTIALLY ^{FILLED} ~~CUTTER~~ DRUMS (COVERED), BUT MOST IS IN
A PILE (TARPAULIN COVERED). THE PILE IS APPROXIMATELY 8 FT. HIGH,
15-20 FT. IN DIAMETER. AN ANALYSIS OF A COMPOSITE SAMPLE
COLLECTED BY GOULD SHOWS THE MATERIAL TO BE 56.95% ARSENIC
BY WEIGHT, THEREFORE IT IS BY DEFINITION AN EXTREMELY HAZARDOUS
WASTE. GOULD PEOPLE ESTIMATED THE PILED WASTES AMOUNT AT 20 TONS.
PLANT MGR PHILIP FRAGMAN SAID THAT THIS KIND OF WASTE
IS NOT GENERATED ONSITE ANY LONGER. ALL FLUE DUST COLLECTED
PRESENTLY IS RECYCLED BACK TO THE SMELTER.

GOULD HEADQUARTER ENGINEERS ARE EVALUATING DISPOSAL OPTIONS.
H. SNEH TOLD THEM THE MATERIAL, IF DISPOSED AT A CLASS I
SITE, WILL NEED AN EXTREMELY HAZARDOUS WASTE PERMIT ISSUED
BY HMMMS. H. SNEH GAVE MESSRS. FRAGMAN & WEBER (SAFETY
DIRECTOR) NAMES OF HAZWASTE HAULERS IN AREA. (CONT'D)

Recommendation: _____

Inspector: H. SNEH.

HAZARDOUS MATERIALS
MANAGEMENT REPORT
continued

IN ADDITION, HMM'S WAS INFORMED THAT THE ENTIRE NORTH YARD (SEE SKETCH) IS DUE TO BE CONCRETED OVER. A NEW SMELTER WILL BE BUILT ON THE SITE. SINCE THE AREA WAS USED FOR STORAGE OF LEAD PLATES AND OTHER BATTERY PARTS FOR OVER 30 YEARS, THE POSSIBILITY EXISTS THAT THE SOIL IS CONTAMINATED WITH LEAD. GOULD HAS TAKEN CORE SAMPLES THROUGHOUT THE AREA. THE SAMPLES ARE CURRENTLY BEING ANALYZED.

ALL SLAG PRODUCED IN THE SMELTING OPERATION IS HAULED (TWICE WEEKLY) TO NO-WAY CLASS III DUMP IN IRVINDALE. THE GOULD PEOPLE SAID THE SLAG IS 50% IRON WITH SOME SULFUR. (LEAD & ARSENIC MAY ALSO BE PRESENT, BUT GOULD PERSONNEL WILL NOT ACKNOWLEDGE THIS). SOLUBILITY (OR NONSOLUBILITY) OF THE SLAG MATERIAL HAS NOT BEEN ESTABLISHED.



GOULD

Gould Inc., Metals Division
2700 South Indiana Street
Los Angeles, California 90023
Telephone (213) 262-1101

Douglas E. Weber, CSP
Safety Director

REIVED
EPA
ION 9
CENTER

R 12 A10:04

CSHO NO.	OSHA-1 NO.
P-2996	36-73
AREA	REGION
1970	9

CITATION COVER LETTER

TO: Morris P. Kirk & Son Inc.
2700 South Indiana Street
Vernon, California 90023

Date FEB 8 1973

Subject: Citation for Alleged Occupational Safety and Health Violation(s)

An inspection of a workplace under your operation, ownership, or control has revealed conditions which we believe do not comply with the provisions of the Occupational Safety and Health Act of 1970, 29 U.S.C. 651. The nature of such alleged violation(s) is described in the enclosed citation with references to applicable standards, rules, regulations, and provisions of the said Act. These conditions must be corrected on or before the date shown to the right of each violation therein.

The Act requires that a copy of the enclosed citation(s) be prominently posted "in a conspicuous place upon receipt" at or near each place a violation referred to in the citation occurred. It must remain posted until all violations cited therein are corrected, or for 3 working days, whichever period is longer. A sufficient number of copies of the attached citation(s) should be prepared to permit posting in accordance with the requirements of the Act.

If you contest the citation you may post a notice to this effect near the citation contested. The Act contains penalties for violation of the posting requirements.

You will soon be notified by certified mail whether or not a proposed penalty will be assessed as a result of the cited violation(s). You have the right to contest the citation(s), the proposed penalties, or both, before the Occupational Safety and Health Review Commission. The Review Commission is an independent quasi-judicial agency with authority to issue decisions regarding citations and proposed penalties. If you do contest, you must so notify the Area Director within 15 working days after receipt of the certified mail notice regarding proposed penalties. If you fail to contest within the 15 working day period, the citation and the proposed assessment of penalties shall be deemed to be a final order not subject to review by any court or agency.

An employee or representative of employees may file a notice to contest the time stated in the citation for the abatement of the alleged violation(s).

Alleged violations that are not contested shall be corrected within the abatement period specified in the citation. Failure to correct an alleged violation within the abatement period may result in a further proposed assessment of penalties.

As to alleged violations with an abatement period of 30 days or less, you are directed to promptly advise the Area Director as to the specific corrective action on each such violation and the date of such action.

Alleged violations having a longer abatement period will require a progress report at the end of each 30-day period. The progress report should detail what has been done, what remains to be done, and the time needed to fully abate each such violation. When the alleged violation is fully abated, the Area Director shall be so advised.

A followup inspection may be made for the purpose of ascertaining that you have posted the citations as required by the Act and corrected the alleged violations as you have reported. The Act provides that whoever knowingly gives false information is subject to a fine up to \$10,000, imprisonment up to 6 months, or both.

If you wish additional information, you may direct such request to the undersigned at the address listed above.

U. S. Department of Labor

By Area Director

A. O. MIGNANO

CSHO NO.	OSHA-1 NO.
P-2996	36-73
AREA	REGION
1970	9

CITATION*

Citation Number 1 Page 1 of 2Date Issued FEB 8 1973EMPLOYER Morris P. Kirk and Sons Inc.(Street 2700 South Indiana Street

ADDRESS (

(City Vernon State California Zip 90023An inspection of a workplace under your ownership, operation, or control located at above addresson January 5th, 9th, and 22nd, 1973 and discussed and described as followslead reclaiming and smelting

has been conducted. On the basis of the inspection it is alleged that you have violated the Occupational Safety and Health Act of 1970, 29 U.S.C. 651, in the following respects:

Item number	Standard or regulation allegedly violated	Description of alleged violation	Date on which alleged violation must be corrected
1.	29 CFR 1910.93(e)	Failure to achieve compliance with lead and inorganic lead compound exposures listed in Table G-2 by administrative or engineering controls at the following locations or jobs: a. blast furnace operators b. sweeper operator c. oxide packer-drumming oxide and reweighing oxide d. welding and burning by mechanics and maintenance employees e. skimming in lead alloy refining	Study, research, and engineer abatement methods and submit abatement schedule by April 27, 1973. Monthly reports are to be submitted until final abatement is completed. Final abatement to be completed by implementation of engineering or administrative controls by July 27th, 1973.

Area Director's Signature

A. O. MIGNANO

The issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless the citation is affirmed by the Occupational Safety and Health Review Commission.

RIGHTS OF EMPLOYEES

Any employee or representative of employees who believes that any period of time fixed in this citation for the correction of a violation is unreasonable has the right to contest such time for correction by filing a notice with the U.S. Department of Labor at the address shown above within 15 working days of the receipt by the employer of notice of proposed penalty or notice that no penalty is being proposed.

"No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act." Sec. 11 (c)(1) of the Occupational Safety and Health Act of 1970, 29 U.S.C. 651.

The law requires that a copy of the enclosed citation(s) "shall be prominently posted" in a conspicuous place "at or near each place a violation referred to in the citation occurred." It must remain posted until all violations cited therein are corrected, or for 3 working days, whichever period is longer.

** Alleged violations covered by this citation are those which are not serious violations within the meaning of the Act but which have a direct or immediate relationship to occupational safety and health.